℞.—Iodinii ʒj, potassæ hydriodatis ℥ij, aquæ destillatæ ℥ij, spiritus vini ℥ij, and, after four or five years' trial, he can truly say that he has found it the best application for congestion, erosion, or superficial ulceration, of all that he has tried. Dr. Churchill usually commences with a single application of nitric acid, or the acid nitrate of mercury, and then, after a few days, he paints the entire cervex with the iodine. This must be repeated once or twice a week, but not oftener; for whenever he has attempted its more frequent use, he has found the uterine irritation rather to increase than diminish; and this will probably explain why these trifling complaints take so long a time to cure. Dr. Churchill had seldom succeeded in less than two months if the congestion was considerable, and many cases have required a much longer time. The application occasions no pain at all, unless the orifice of the vagina should be touched by the caustic, which may happen if it be applied too profusely. In one case the patient complained of a metallic taste in her mouth, in five minutes or less after each operation. After one or two applications, the cervix will generally be found to have diminished in volume, to have lost its tenderness, and the eroded surface to have lessened in extent, and to have assumed a more healthy appearance. Dr. Churchill strongly recommends that the application of the iodine should not cease abruptly, but first be diminished in frequency, then left off, and resumed if, as is very common, any of the symptoms return.—*Medical Times*, May 19, 1849.

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44. *Tincture of Indian Hemp in Sanguineous Uterine Discharges.*—Dr. Churchill is indebted for the knowledge of the utility of this medicine to Dr. Maguire, of Castleknack, who had discovered its value in this class of cases by accident. Dr. Maguire had prescribed a small dose of the tincture of Indian hemp for a poor woman laboring under some form of neuralgia; and on inquiring into the effects, a few days afterwards, the patient declared that it had cured both her complaints; and then, for the first time, informed Dr. Maguire that she had been suffering from menorrhagia. This led him to try it in some similar cases, and finding equally satisfactory results, he mentioned the fact to Dr. Churchill, requesting him to try it, which he has done extensively. Dr. Churchill mentioned it to the late Dr. Hunt and other friends, and the remedy, he believes, has had a pretty fair trial; and if their experience (as he believes) confirms his, the profession has reason to congratulate itself upon the addition of a most valuable remedy for a class of diseases whose materia medica has been hitherto very limited. The largest class of cases in which Dr. Churchill has found the most unqualified benefit are those of menorrhagia, where the discharge, though excessive, is fluid, and but little mixed with clots, and when the uterus is not enlarged. In many such cases, five drops of the tincture, three times a day, have stopped the discharge in 24 or 48 hours. When there is pain, too, if it be not excessive, relief is obtained without the addition of another anodyne. In other cases, when the discharge, whether too much or not, has returned too frequently, Dr. Churchill has succeeded in arresting or postponing it to the proper period by the tincture, just as can be done by means of ergot of rye. In those cases of menorrhagia, when the uterus is much congested and enlarged, and where the discharge is largely mixed with coagula, although it has succeeded in many cases, yet it has failed in other instances, and the success in some has been incomplete. Nevertheless, even in these, it is of great value; and finding that it possessed power even over uterine hemorrhage, it occurred to Dr. Churchill to try it in threatened abortion at an early period of the attack, when the hemorrhage was slight, and the pains rare and weak. In such cases, ergot of rye is out of the question; lead has but little power. Opium, and cold applications, and quiet, are our principal remedies, but they often fail; and, therefore, the addition of a direct and powerful agent, which should combine an astringent with an anodyne, would be a valuable acquisition. Dr. Churchill has now tried it in six or seven such cases, and he has found that, when employed sufficiently early, it succeeded remarkably well, but that at a later period it failed partially or wholly. Lastly, Dr. Churchill has tried it in three cases of cancer, at a tolerably early period. He gave it on account of continued draining of blood,

not to any great amount, and thought that perhaps its anodyne quality might to a certain extent supersede the use of opium. He does not think that these cases are sufficient for any definite conclusion as to its value; but the results will certainly induce him to repeat the trial. He does not for a moment suppose that it or anything else will permanently arrest the downward course of cancer, or that the hemorrhage will not return; but every degree of success, however temporary, every relief, even though slight, is of great value in these cases. Dr. Churchill does not pretend to explain its *modus operandi;* he can only say, that it appears to exert an astringent power in hemorrhages from mucous surfaces, and, also, to have a sedative or anodyne effect. The preparation he has invariably used is Mr. Donovan's tincture of the resin. He begins with five drops three times a day, in a few cases increasing it to ten, but seldom more. The effects are very soon seen, generally in twenty-four or forty-eight hours, often much sooner; nay, in some cases mentioned to Dr. Churchill by Dr. Hunt and Dr. Maguire, the effect was instantaneous. In some cases, the beneficial effect was accompanied by a slightly unpleasant feeling in the head, resembling that from an extra glass of wine. In one case only has Dr. Churchill seen any more disagreeable results; but in that, five drops produced an extraordinary degree of nervousness and a sense of sinking, almost of dying, which gradually passed off.—*Ibid.*

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45. *Absence of Urea in the Liquor Amnii and Fœtal Urine.*—Dr. A. H. McClintock was led to the present investigation by the examination of a fœtus born at the full time, and which had died immediately after its birth. The vesical extremities of both the ureters were imperforate, and the ureter on the right side was so dilated as to contain not less than a pint and a half of urine. This case, though not unique, shows (in opposition to the generally received opinion) that the secretion of urine is already commenced before the birth of the infant. Similar cases are described by Dr. Lee, Dr. Fearns, and Dr. Montgomery.

The researches and experiments of Drs. Prout and Bostock, of Frommhertz and Gugert, and of Dr. Rees, would lead us to believe, that in some cases a small quantity of urea is, sometimes at least, contained in the liquor amnii. But this evidence is more than counterbalanced by the researches of Berzelius, Raspail, Mack, Colberg, Veigt, Prout, Lassaigne, and Moore, all of whom agree in thinking that no urea is normally contained in the liquor amnii.

Here, then, are two classes of facts, seemingly in opposition to one another; viz. first, the undoubted proofs of urine being secreted by the fœtus in considerable quantity before birth; and secondly, the complete absence of urea in the majority of instances where the liquor amnii was subjected to accurate chemical analysis. In order to reconcile these discordant conclusions, it becomes an object of the utmost importance to ascertain the composition of the fœtal urine, as, hitherto, observers appear to have taken it for granted, that the renal secretion possessed the same chemical characters during intra-uterine life, as it does after birth.

Further experiments by Dr. Moore seem to justify the conclusion, that the urine of the child before birth differs in its chemical constitution from that secreted subsequently, in two very remarkable particulars, viz. first, in containing a large quantity of albumen; and secondly, in being almost or altogether deficient in urea. Hence, none is to be looked for in the liquor amnii, although it is in all probability mixed with a large quantity of urine passed by the fœtus during its intra-uterine life.

The liquor allantoidis of some of the lower animals, the cow for example, is considered to be the urine of the fœtus; but although it has several times been the subject of chemical investigation, urea has not as yet been detected in it, and albumen has always been found present. This would seem to give additional confirmation to the results we have obtained in our examinations of the fœtal urine of the human subject. According to the views of Liebig, the peculiar substance called *allantoin* appears to replace both urea and uric acid in the urine of the fœtus of brutes; it would, therefore, be an interesting subject for further inquiry, to ascertain whether this or some analogous product be present in the urine of the human fœtus.—*Monthly Retrospect,* June 1849, from *Dublin Quarterly Journ.,* Feb. 1849.